



Title: WOUND THERAPY DEVICE AND RELATED METHODS

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Examiner: RUHL, D.

#41/CPA  
Request  
Draft  
3/24/01

RECEIVED  
FEB -5 2001  
TC 3700 MAIL ROOM

Jeffery A. Roussin  
Printed Name of Person Mailing

## APPLICATION

The inventorship in the new application is the same as in the prior, above-captioned application and all claims of the new application are drawn only to subject matter disclosed and claimed in the prior application; therefore, no new declaration or oath is required. Please use all of the contents of the prior application's file wrapper, including the drawings and amendments and all affidavits and/or declarations, information disclosure statements, terminal disclaimers, petitions to correct inventorship, priority claims, deposit account authorizations, elections and/or ownership submissions, as the basic papers for the new application.

## REQUISITE FEE

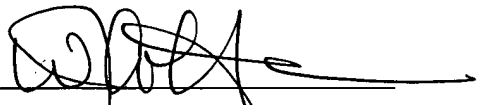
- ☐ A check in the amount of \$ \*\*\* is enclosed herewith.
- ☐ Please charge Deposit Account No. 50-0489 in the amount of \$ \*\*\*. **A COPY OF THIS LETTER IS ATTACHED.**
- ☒ The Commissioner has been authorized to charge the requisite fee of \$710.00 to Deposit Account No. 50-0489.

**GENERAL AUTHORIZATION TO CHARGE FEES:** The Commissioner is hereby authorized to charge any additional fee as may be required under 37 CFR §§1.16 and/or 1.17 at any time during the prosecution of the above referenced application, or credit any overpayment, to Deposit Account No. 50-0489, without further or more specific authorization.

Respectfully submitted,

Dated: 01/29/2001

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